

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two T1 lines**, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two ISDN lines & one Frame Relay line**, you must submit **three** Forms 466.
- ♦ **If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.**
- ♦ **You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.**
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

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This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Mary Hospital – Belle
100 HWY 28
Belle, MO 65013

HCP	48034
Centurylink	313148399
Spin	143019614

10M Ethernet Circuit LC/KF--/124059//DTI

Rural Rate

10M \$675.00

Urban Rate – 36 month AT&T Switched Ethernet contract

Mo \$464.50(214.50+\$255.00)

*Credits on bill do not affect monthly rate.

*Proof of service address uploaded.

*still receiving 36 month contracted rates

Account Name: ST MARYS HEALTH CENTER
Account Number: 313148399

P.O. Box 2961
Phoenix, AZ 85062-2961

Page: 1 of 23
Bill Date: Jul. 03, 2016

Previous Balance	Payments	Adjustments Credits	Current Charges
8,249.87	0.00	0.00	8,923.16

Payment Summary

Previous Balance 8,249.87
Less Payments 0.00

Balance 8,249.87

Adjustments/Credits Summary

Adjustments to Previous Balance 0.00

Total Adjustments 0.00

Current Charge Summary

Monthly Charges 8,490.29
One-Time Charges 0.00
Usage Charges 23.94
Discount 0.00
Adjustments 1.04 CR
Taxes, Fees, and Surcharges 80.03
Late Fee 329.94

Total Current Charges 8,923.16

Due Date Aug. 01, 2016 Amount Due 17,173.03

Just a friendly reminder that your account is past due. If you have already made your payment, thank you for bringing your account up to date.

IMPORTANT NEWS

PLEASE FOLD, TEAR HERE AND RETURN THIS PORTION WITH YOUR PAYMENT

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION:

☐

Please check here and complete reverse. Thank You.

D

Account Number: 313148399
Amount Due By Aug. 01, 2016 17,173.03

ST MARYS HEALTH CENTER
ATTN: SSM INTEGRATED HEALTH TEC
2505 MISSION DR
LCON: BRENT WATTS, 573-694-7999
JEFFERSON CITY, MO 65109-9508

CenturyLink
P.O. Box 2961
Phoenix, AZ 85062-2961

00003131483997000000824987400000000070316000171730303000000

P.O. Box 2961
Phoenix, AZ 85062-2961

Page: 7 of 23
Bill Date: Jul. 03, 2016

Charge Detail

Local Service from JUL 03 to AUG 02

Product-ID: F91-035-2912 100 HWT 28 W MSS 662593

Circuit-ID: LC/KF--/124059//DTI

Monthly Charges

HCP 48034

ETH Contract Subsidiary

675.00

Total Optional Features/Services

675.00

Total Monthly Charges

675.00

Charge Detail For F91-035-2912

675.00

Product-ID: F91-036-2153

Circuit-ID: 60.L2XX.483976..UDMO

Monthly Charges

Enhanced Ethernet 10Mbps

815.00

Total Local Exchange Services

815.00

Total Monthly Charges

815.00

Charge Detail For F91-036-2153

815.00

Product-ID: F91-036-2646

Circuit-ID: 60.L2XX.483978..UDMO

Monthly Charges

HCP 48037

10Mb Enhanced Ethernet 3YR

815.00

Total Optional Features/Services

815.00

Total Monthly Charges

815.00

Charge Detail For F91-036-2646

815.00

Product-ID: F91-508-9958

Circuit-ID: 60.L2XX.522413..UDMO

Monthly Charges

Enhanced Ethernet 100 Mbps

1,455.00

Total Local Exchange Services

1,455.00

Total Monthly Charges

1,455.00

Charge Detail For F91-508-9958

1,455.00

Product-ID: F91-913-9356

Circuit-ID: 48.L3XX.117715..UDMO

Monthly Charges

Enhanced Ethernet 10Mbps

377.00

Total Local Exchange Services

377.00

Total Monthly Charges

377.00

Charge Detail For F91-913-9356

377.00

Elizabeth Goodknight

From: Kendrick, John
Sent: Tuesday, June 21, 2016 6:09 PM
To: 'Elizabeth Goodknight'
Subject: RE: SSM St Mary's Hospital #313148399

Yes. 10m confirmed. See order notes

120300524549 SPW I-CARE FL POD OMW ORDER ENTERED BY CRAIG GOOSBY CBR 800 471-1139 REQ BY Ike Hallman CBR 636) 332-7714 Install 10 Mbps Pt. to Pt. National ethernet connection between SSM Bell Clinic at 100 Hwy 28, Bell, MO and SSM Data Center at 7980 Clayton Road, Clayton, MO 63117

John Kendrick

Account Consultant
1 Solutions Parkway
Town and Country, MO 63017
office: 314-720-8514
mobile: 314-478-6054
fax: 314-590-4350
john.kendrick@centurylink.com



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Business

Control Center Portal

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involving trouble ticket generation,
inventories, billing, payments, and much more.*
(877) 726-6875
control.center@centurylink.com

From: Elizabeth Goodknight [mailto:egoodknight@uasave.com]
Sent: Tuesday, June 21, 2016 4:01 PM
To: Kendrick, John
Subject: RE: SSM St Mary's Hospital #313148399

John

Sorry to bother you again but USAC is asking about the 10M for \$675.00 at 100 HWY 28 in Belle MO.

The service id is F91-035-2912 CKT LC/KF--/124059//DTI

The service description on the CSR that you sent just has ATM. USAC is requesting the proof of the speed and type of service.

Can you confirm that it is a 10M Ethernet please?

Thank you

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

From: Kendrick, John [<mailto:John.Kendrick@centurylink.com>]
Sent: Friday, June 10, 2016 11:31 AM
To: 'Elizabeth Goodknight' <egoodknight@uasave.com>
Subject: RE: SSM St Mary's Hospital #313148399

Hi Elizabeth,

Sure. Here are the service addresses.

M00-001-2942	03/09/2010	3348 AMERICAN DR JEFFERSON CITY MO 65109	60.L2XX.242424..UDMO
M00-001-2944	03/09/2010	2701 W EDGEWOOD DR STE 101 JEFFERSON CTY MO 65109	60.L2XX.262626..UDMO
M00-001-2867	06/17/2010	3349 AMERICAN DR JEFFERSON CITY MO 65109	60.L2XX.252525..UDMO
F91-035-2912	05/31/2012	100 HIGHWAY 28 W BELLE MO 65013	LC/KF--/124059/DTI
F91-036-2153	07/16/2012	140 NORTHSTAR DR HOLTS SUMMIT MO 65043	60.L2XX.483976..UDMO
F91-036-2646	07/16/2012	875 HIGHWAY 5 TIPTON MO 65081	60.L2XX.483978..UDMO
F91-508-9958	06/24/2014	GENERAL DELIVERY JEFFERSON CITY MO 65101	60.L2XX.522413..UDMO
573-681-2750	09/25/2014	2505 MISSION Dr JEFERSON CITY MO 65109	60.IPZX.531776..UDMO
573-681-3050	09/25/2014	2505 MISSION Dr JEFFERSON CITY MO 65101	60.IPZX.532613..UDMO, N599532,
573-681-3279	10/02/2014	2505 MISSION Dr JEFFERSON CITY MO 65101	60.IPZX.531779..UDMO, N598636,
573-761-7210	10/20/2014	3348 AMERICAN AVE JEFFERSON CITY MO 65109	60.IPZX.534853..UDMO
F91-913-9356	01/08/2016	3527 W TRUMAN BLVD JEFFERSON CITY MO 65109	48.L3XX.117715..UDMO

John Kendrick
Account Consultant
1 Solutions Parkway
Town and Country, MO 63017
office: 314-720-8514
mobile: 314-478-6054
fax: 314-590-4350
john.kendrick@centurylink.com



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inventories, billing, payments, and much more.
(877) 726-6875
control.center@centurylink.com

From: Elizabeth Goodknight [<mailto:egoodknight@uasave.com>]
Sent: Friday, June 10, 2016 7:14 AM
To: Kendrick, John
Subject: RE: SSM St Mary's Hospital #313148399

John

After looking over the CSR last night, I noticed that the service addresses are not on the CSR.

There are 4 PRI's several Ethernet services that I need to get the proof of Service address for USAC>

USAC will take the confirmation of Service address from the service provider in an email.

The circuits that I need address confirmation are below:

1. 573-681-2750 PRI 2505 Mission Drive Jefferson City, MO
2. 573-681-3050 PRI
3. 573-681-3279 PRI
4. 573-761-7210 PRI 3348 American Ave Jefferson City, MO
5. F910-36-2153 60.L2XX.483976..UDMO 10M 140 Northstar Dr. Holts Summit MO
6. F91-036-2646 60.L2XX.483978..UDMO 10M 875 Highway 5 South Tipton MO
7. F91-035-2912 LC/KF--/124059//DTI 100 Highway 28 Belle MO
8. F91-913-9356 48.L3XX.117715..UDMO ?

Thank you for your time and assistance with this.

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

From: Kendrick, John [<mailto:John.Kendrick@centurylink.com>]
Sent: Thursday, June 09, 2016 5:17 PM
To: 'egoodknight@uasave.com' <egoodknight@uasave.com>
Subject: RE: SSM St Mary's Hospital #313148399

Hi Elizabeth,

Here is the CSR for this account.

Thanks

John

John Kendrick
Account Consultant
1 Solutions Parkway
Town and Country, MO 63017
office: 314-720-8514
mobile: 314-478-6054
fax: 314-590-4350
john.kendrick@centurylink.com



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From: Elizabeth Goodknight [<mailto:egoodknight@uasave.com>]

Sent: Thursday, June 09, 2016 2:26 PM

To: Pepper, Stacy

Subject: SSM St Mary's Hospital #313148399

Stacy

We are working with SSM and applying for the USAC USF federal funding for their services.

I need to get address confirmation or a copy of the contract that goes with this account please so that I can submit it to USAC for funding approval.

A CSR for the account would probably be the best if possible. LOA's attached.

Thank you for your time and assistance with this account.

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

This communication is the property of CenturyLink and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please immediately notify the sender by reply e-mail and destroy all copies of the communication and any attachments.

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Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name SSM Health Medical Group-Family Medicine - Tipton,	2 HCP Number 48037
3 Form 465 Application # 43166285	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name SSM Health Medical Group -Family Medicine - Tipton,	6 Billed Entity FCC RN 0019061654
7 Contact Name Ron Mitchell	
8 Address Line 1 875 Highway South	
9 Address Line 2	
10 City Tipton	11 State MO 12 Zip 65081
13 Contact Phone # 573-681-371=37	14 Fax # 15 Email ronald_mitchell@ssmhc.com

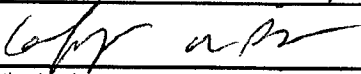
Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 10M
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 121
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	CenturyLink			
22 Service Provider Identification Number (SPIN)	143019614			
23 Service Provider Contact Person Name	John Kendrick			
24 Service Provider Contact Person's Phone #	314-720-8514			
25 Service Provider Contact Person Email	john.kendrick@centurylink.com			
26 Circuit Start Location	875 Highway 5 South, Tipton MO 65081			
27 Circuit Termination Location	Central office, Tipton MO 65081			
28 Billing Account Number	313148399			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	07-01-2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	NA			
32 Service Installation Date	07-01-2015			
33 Actual Rural Rate per Month (Enclose Documentation)	815.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

<p>IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.</p>				
Block 5: Mileage-based Charge Discount Request				
Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.				
36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				
If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)				
Block 6: Comprehensive Rate Comparison Request				
Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.				
39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	464.50			
If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.				
42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				
Block 7: Bid Documentation				
45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If you checked yes, copies of the bids MUST be submitted to RHCD.				
Block 8: Certification				
46 <input checked="" type="checkbox"/> I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.				
47 <input checked="" type="checkbox"/> Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.				
48 <input checked="" type="checkbox"/> I hereby certify that the billed entity will maintain complete billing records for the service for five years.				
49 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.				
50 Signature			51 Date	07/28/2017
52 Printed name of authorized person	Geoff W Boggs		53 Title or position of authorized person	CEO
54 Employer of authorized person	Healthcare Consulting Inc		55 Employer's FCC RN	0018694075

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<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Mary Hospital – Tipton
875 HWY 5 South
Tipton, MO 65081

HCP 48037
Centurylink 313148399
Spin 143019614

SA: 875 HWY 5 South, Tipton MO 65081
End: Central Office Tipton MO

10M Ethernet Circuit 60.L2XX.483978..UDMO

Rural Rate

10M \$815.00

Urban Rate

Mo \$464.50 (\$214.50 + \$255.00)

*Credits on bill do not affect monthly rate.

*Proof of service address included. Charges marked on invoice

*still receiving 36 month contracted rates

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Account Number: 313148399

P.O. Box 2961
Phoenix, AZ 85062-2961

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Less Payments 0.00

Balance 8,249.87

Adjustments/Credits Summary

Adjustments to Previous Balance 0.00

Total Adjustments 0.00

Current Charge Summary

Monthly Charges 8,490.29
One-Time Charges 0.00
Usage Charges 23.94
Discount 0.00
Adjustments 1.04 CR
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Please check here and complete reverse. Thank You.

D

Account Number: 313148399
Amount Due By Aug. 01, 2016 17,173.03

ST MARYS HEALTH CENTER
ATTN: SSM INTEGRATED HEALTH TEC
2505 MISSION DR
LCON: BRENT WATTS, 573-694-7999
JEFFERSON CITY, MO 65109-9508

CenturyLink
P.O. Box 2961
Phoenix, AZ 85062-2961

000031314839970000008249874000000000070316000171730303000000

P.O. Box 2961
Phoenix, AZ 85062-2961

Page: 7 of 23
Bill Date: Jul. 03, 2016

Charge Detail

Local Service from JUL 03 to AUG 02

Product-ID: F91-035-2912 100 HWT 28 W MSS 662593
Circuit-ID: LC/KF--/124059//DTI

Monthly Charges

HCP 48034

ETH Contract Subsidiary	675.00		
Total Optional Features/Services		675.00	
Total Monthly Charges			675.00

Charge Detail For F91-035-2912	675.00
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Product-ID: F91-036-2153
Circuit-ID: 60.L2XX.483976..UDMO

Monthly Charges

HCP 48035

Enhanced Ethernet 10Mbps	815.00		
Total Local Exchange Services		815.00	
Total Monthly Charges			815.00

Charge Detail For F91-036-2153	815.00
--------------------------------	--------

Product-ID: F91-036-2646
Circuit-ID: 60.L2XX.483978..UDMO

Monthly Charges

HCP 48037

10Mb Enhanced Ethernet 3YR	815.00		
Total Optional Features/Services		815.00	
Total Monthly Charges			815.00

Charge Detail For F91-036-2646	815.00
--------------------------------	--------

Product-ID: F91-508-9958
Circuit-ID: 60.L2XX.522413..UDMO

Monthly Charges

Enhanced Ethernet 100 Mbps	1,455.00		
Total Local Exchange Services		1,455.00	
Total Monthly Charges			1,455.00

Charge Detail For F91-508-9958	1,455.00
--------------------------------	----------

Product-ID: F91-913-9356
Circuit-ID: 48.L3XX.117715..UDMO

Monthly Charges

Enhanced Ethernet 10Mbps	377.00		
Total Local Exchange Services		377.00	
Total Monthly Charges			377.00

Charge Detail For F91-913-9356	377.00
--------------------------------	--------

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

SA
Proof

From: Kendrick, John [<mailto:John.Kendrick@centurylink.com>]
Sent: Friday, June 10, 2016 11:31 AM
To: 'Elizabeth Goodknight' <egoodknight@uasave.com>
Subject: RE: SSM St Mary's Hospital #313148399

Hi Elizabeth,

Sure. Here are the service addresses.

M00-001-2942	03/09/2010	3348 AMERICAN DR JEFFERSON CITY MO 65109	60.L2XX.242424..UDMO
M00-001-2944	03/09/2010	2701 W EDGEWOOD DR STE 101 JEFFERSON CTY MO 65109	60.L2XX.262626..UDMO
M00-001-2867	06/17/2010	3349 AMERICAN DR JEFFERSON CITY MO 65109	60.L2XX.252525..UDMO
F91-035-2912	05/31/2012	100 HIGHWAY 28 W BELLE MO 65013	LC/KF--/124059//DTI
F91-036-2153	07/16/2012	140 NORTHSTAR DR HOLTS SUMMIT MO 65043	60.L2XX.483976..UDMO
F91-036-2646	07/16/2012	875 HIGHWAY 5 TIPTON MO 65081	60.L2XX.483978..UDMO
F91-508-9958	06/24/2014	GENERAL DELIVERY JEFFERSON CITY MO 65101	60.L2XX.522413..UDMO
573-681-2750	09/25/2014	2505 MISSION Dr JEFFERSON CITY MO 65109	60.IPZX.531776..UDMO
573-681-3050	09/25/2014	2505 MISSION Dr JEFFERSON CITY MO 65101	60.IPZX.532613..UDMO, N599532,
573-681-3279	10/02/2014	2505 MISSION Dr JEFFERSON CITY MO 65101	60.IPZX.531779..UDMO, N598636,
573-761-7210	10/20/2014	3348 AMERICAN AVE JEFFERSON CITY MO 65109	60.IPZX.534853..UDMO
F91-913-9356	01/08/2016	3527 W TRUMAN BLVD JEFFERSON CITY MO 65109	48.L3XX.117715..UDMO

John Kendrick
Account Consultant
1 Solutions Parkway
Town and Country, MO 63017
office: 314-720-8514
mobile: 314-478-6054
fax: 314-590-4350
john.kendrick@centurylink.com



CenturyLink®
Business

Control Center Portal

For dedicated QCC services -
involving trouble ticket generation,
inventories, billing, payments, and much more.
(877) 726-6875
control.center@centurylink.com

From: Elizabeth Goodknight [<mailto:egoodknight@uasave.com>]
Sent: Friday, June 10, 2016 7:14 AM
To: Kendrick, John
Subject: RE: SSM St Mary's Hospital #313148399

John

After looking over the CSR last night, I noticed that the service addresses are not on the CSR.

There are 4 PRI's several Ethernet services that I need to get the proof of Service address for USAC>

USAC will take the confirmation of Service address from the service provider in an email.

The circuits that I need address confirmation are below:

1. 573-681-2750 PRI 2505 Mission Drive Jefferson City, MO
2. 573-681-3050 PRI
3. 573-681-3279 PRI
4. 573-761-7210 PRI 3348 American Ave Jefferson City, MO
5. F910-36-2153 60.L2XX.483976..UDMO 10M 140 Northstar Dr. Holts Summit MO
6. F91-036-2646 60.L2XX.483978..UDMO 10M 875 Highway 5 South Tipton MO
7. F91-035-2912 LC/KF--/124059//DTI 100 Highway 28 Belle MO
8. F91-913-9356 48.L3XX.117715..UDMO ?

Thank you for your time and assistance with this.

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

From: Kendrick, John [mailto:John.Kendrick@centurylink.com]
Sent: Thursday, June 09, 2016 5:17 PM
To: 'egoodknight@uasave.com' <egoodknight@uasave.com>
Subject: RE: SSM St Mary's Hospital #313148399

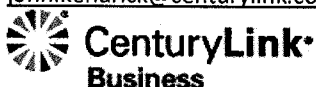
Hi Elizabeth,

Here is the CSR for this account.

Thanks

John

John Kendrick
Account Consultant
1 Solutions Parkway
Town and Country, MO 63017
office: 314-720-8514
mobile: 314-478-6054
fax: 314-590-4350
john.kendrick@centurylink.com



Control Center Portal

For dedicated QCC services -
involving trouble ticket generation,
inventories, billing, payments, and much more.
(877) 726-6875
control.center@centurylink.com

From: Elizabeth Goodknight [<mailto:egoodknight@uasave.com>]

Sent: Thursday, June 09, 2016 2:26 PM

To: Pepper, Stacy

Subject: SSM St Mary's Hospital #313148399

Stacy

We are working with SSM and applying for the USAC USF federal funding for their services.

I need to get address confirmation or a copy of the contract that goes with this account please so that I can submit it to USAC for funding approval.

A CSR for the account would probably be the best if possible. LOA's attached.

Thank you for your time and assistance with this account.

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

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This communication is the property of CenturyLink and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please immediately notify the sender by reply e-mail and destroy all copies of the communication and any attachments.

This communication is the property of CenturyLink and may contain confidential or privileged information. Unauthorized use of this communication is strictly prohibited and may be unlawful. If you have received this communication in error, please immediately notify the sender by reply e-mail and destroy all copies of the communication and any attachments.

Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name SSM Health Medical Group Family Medicine - Versailles	2 HCP Number 48038
3 Form 465 Application # 43166286	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name SSM Health Medical Group Family Medicine - Versailles	6 Billed Entity FCC RN 0019061654
7 Contact Name Ron Mitchell	
8 Address Line 1 801 Kidwell Drive	
9 Address Line 2	
10 City Versailles	11 State MO 12 Zip 65084
13 Contact Phone # 573-681-3737	14 Fax # 15 Email Ronald_mitchell@ssmhc.com

Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 10 MG
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 124
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information		Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	AT&T				
22 Service Provider Identification Number (SPIN)	143004662				
23 Service Provider Contact Person Name	Michael Eschabecher				
24 Service Provider Contact Person's Phone #	314-505-0100				
25 Service Provider Contact Person Email	me038a@att.com				
26 Circuit Start Location	801 Kidwell Dr, Versailles, MO 65081				
27 Circuit Termination Location	Central Office, Versailles, MO 65081				
28 Billing Account Number	314-123-7342-485				
29 Tariff, Contract or other document reference number	NA				
30 Date Contract Signed or Date HCP Selected Carrier	07-01-2015				
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	NA				
32 Service Installation Date	7-01-2015				
33 Actual Rural Rate per Month (Enclose Documentation)	802.28				
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.					

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	464.50			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

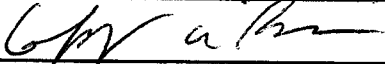
Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 07/28/2017
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Funding Inc	55 Employer's FCC RN 0018694075

Please remember:

- You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- If the service described on this form changes (e.g., rate change) during the funding year, you must notify RHCD immediately and submit a revised Form 466.
- If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Mary Hospital – Versailles
801 Kidwell Drive
Versailles, MO 65081

HCP 48038
AT&T 314-123-7342-485
Spin 143004662

SA: 801 Kidwell Drive Versailles, MO 65081
End: Central Office Versailles, MO 65081

10M Ethernet Circuit 41.I2XN.500555..SW

Rural Rate

10M \$802.28

Urban Rate

Mo \$464.50 (\$214.50 + \$255.00)

*Credits on bill do not affect monthly rate.

*Proof of service address and speed included. Charges marked on invoice.

*still receiving 36 month contracted rates



at&t

SSM HEALTH CARE OWNING AND
OPERATING ST MARY'S HEALTH
100 SAINT MARYS PLZ
JEFFERSON CTY MO 65101 - 1601

Page 1 of 2
Account Number 314 123-7342 485 2
Billing Date Jul 1, 2016
Web Site att.com

Monthly Statement

Verdict

Bill-At-A-Glance

Previous Bill	803.35
Payment Received 6-20 Thank you!	803.35CR
Adjustments	.00
Balance	.00
Current Charges	803.35

Total Amount Due \$803.35

Amount Due in Full By Aug 1, 2016

Billing Summary

Online: att.com/myatt

Page

Plans and Services

1

803.35

1 877 438-0041

Payment Arrangements:

1 800 924-1743

Service Changes:

1 877 438-0041

Repair Services:

1 800 442-9950

Total Current Charges

803.35

*But with
7-12-16
2075*

Plans and Services

Monthly Service - Jul 1 thru Jul 31

Charges for 314 123-7342

PremierSERVSM

1. Basic Bandwidth	.00
2. Transport, Port, and Interface	.00
3. Monthly Charges	802.28
Total Charges for 314 123-7342	802.28
Total Monthly Service	802.28

Surcharges and Other Fees

4. MO Universal Service Fund	.80
5. Municipal Gross Receipts Surcharge	.27
Total Surcharges and Other Fees	1.07

Taxes

6. Federal	.00
7. State and Local	.00
Total Taxes	.00

Total Plans and Services

803.35

News You Can Use

PREVENT DISCONNECT

Thank you for being a valued customer. Please be aware that all charges must be paid each month to keep your account current and prevent collection activities. We are required to inform you that certain charges for basic service such as your telephone line, surcharges and fees, and long distance MUST be paid in order to prevent interruption of basic local service. These charges are already included in the Total Amount Due and are \$803.35. Also, neglecting to pay for other charges such as voice mail, InLine®, wireless, and Internet may result in those services being interrupted.

LONG DIST. PROVIDERS

Our records show that you have not selected a primary local toll or long distance carrier. Please contact us if this does not agree with your records.

RATE NOTICE

The Federal Universal Service Fee (supports telecommunication needs of low-income households, consumers living in high-cost areas, schools, libraries and rural hospitals), and the Federal Subscriber Line Charge increased on 7/1/2016. Lifeline customers will continue to receive credit for the Federal Subscriber Line Charge. Your current bill reflects the change. For more information, please contact an AT&T Service Representative at the phone number listed on the front of your bill.

News You Can Use Summary

- PREVENT DISCONNECT
- LONG DIST. PROVIDERS
- RATE NOTICE

See "News You Can Use" for additional information

Local Services provided by AT&T Arkansas, AT&T Kansas, AT&T Missouri, AT&T Oklahoma, or AT&T Texas based upon the service address location.

GO GREEN - Enroll in paperless billing.

Page 1 of 4

<https://osstoolbar.att.com/billinfo/BillinfoServlet?requestedNumber=%28314%29123-734...> 6/14/2016

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CSR for (314)123-7342 485

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VERSAILLES,MO /DZIP
 65084 /DES ICB CASE
 211106.46.1 /NC KRE0
 /NCI 04LN9.1CT /XPOI
 VRSLMOAU0AW /SN SSM
 /RIE /PSAN TSP0DK7P6-
 03 /TSP 03
 R6EAB/DES 5 MBPS BRONZE 3
 BANDWIDTH USAGE /RIE
 PR9PX 3 4.10 4.10
 2
 AEV /LSO 573 642 3
 /CKL 2-702 MARKET ST,
 FULTON, MO /DZIP 65251
 /NC KRE0 /NCI
 02CXF.1GE /XPOI
 FLTNMOMI00W /SN ATT CO
 CKT SUB TOTAL 802.28
 PRINT SW2733 AFTER 10 ORDERS WORKED
 (0000000000) 802.28 (0000288000) .00 (0000494100)
 802.28

REVENUE AMOUNTS		TELECOM SVCS		TANGIBLE PROP	
US TAXABLE	.00				.00
SALES TAXABLE	.00				.00
DISC GR RCPT TXBL	.00				.00
FULL GR RCPT TXBL	.00				.00
DISC GR/US TXBL	.00				.00
FULL GR/US TXBL	.00				.00
DISC GR/SALES TXBL	.00				.00
FULL GR/SALES TXBL	.00				.00
LOCAL SERVICE SWBT					
REVENUE AMOUNTS	ATTC	TELECOM SVCS			
US TAXABLE	.00				
SALES TAXABLE	.00				
LOCAL SERVICE ATTC					
LOCAL SERVICE TOTAL					

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CSR for (314)123-7342 485

Page 3 of 4

LAST SERVICE O
 RDER ACTIVITY WORKED TO THIS 2733
 TELNO SYS O
 RDNO COMPTD CUS CYCDAT
 1237342 R7
 40196 160216 485 160217
 LAST SW2733 CR
 EATED - 160504

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CSR for (314)123-7342 485

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DIRECTORY SECTION		
MASTER	PAGE	1
BILL SECTION		
MASTER	PAGE	1
REMARK SECTION		
MASTER	PAGE	1
EQUIPMENT SECTION		
MASTER	PAGE	1
CIRCUIT SECTION		
MASTER	PAGE	1
CIRCUIT-XREF SECTION		
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---INDEX BEGAN ON PAGE	4---	

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Health Care Providers Universal Service Funding Request and Certification Form

The deadline to submit this form is the June 30th end of the funding year.

Estimated time per response: 3 hours

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.**Block 1: HCP Information**

1 HCP Name SSM Health Medical Group Clinic Lake Ozark Missouri	2 HCP Number 48036
3 Form 465 Application # 43166287	4 Consortium Name (If any)

Block 2: Bill Payer Information

5 Billed Entity Name SSM Health Medical Group Lake Ozark Missouri	6 Billed Entity FCC RN 0019061654
7 Contact Name Ron Mitchell	
8 Address Line 1 2265 Bagnell Dam Blvd	
9 Address Line 2	
10 City Lake Ozark	11 State MO 12 Zip 65049
13 Contact Phone # 573-681-3737	14 Fax # 15 Email ronald_mitchell@ssmhc.com

Block 3: Funding Year Information

16 Funding Year - Check only one box		
<input type="checkbox"/> Year 2014 (7/1/2014-6/30/2015)	<input type="checkbox"/> Year 2015 (7/1/2015-6/30/2016)	<input checked="" type="checkbox"/> Year 2016 (7/1/2016-6/30/2017)

Block 4: Service Information

17 Type of Service & Circuit Bandwidth (Documentation required) Ethernet 100 Mbps
18 Total Billed Miles 0 19 Maximum Allowable Distance (From Form 465) 142
20 Percentage of HCP's service used for the provision of health care. 100 (If less than 100%, please explain.) If the HCP indicated it is a part-time eligible entity (on Form 465), describe method of allocating prorated support.

Connection Information	Carrier A	Carrier B	Carrier C	Carrier D
21 Service Provider Name	Charter			
22 Service Provider Identification Number (SPIN)	143024207			
23 Service Provider Contact Person Name	Bill Jecha			
24 Service Provider Contact Person's Phone #	314-858-3575			
25 Service Provider Contact Person Email	Bill.Jecha@charter.com			
26 Circuit Start Location	2265 Bagnell Dam Blvd, Lake Ozark, MO 65049 +			
27 Circuit Termination Location	Central Office, Lake Ozark, MO 65049 +			
28 Billing Account Number	8750 27 026 0168780			
29 Tariff, Contract or other document reference number	NA			
30 Date Contract Signed or Date HCP Selected Carrier	07-01-2015			
31 Contract Expiration Date (mm/dd/yyyy or NA if MTM)	NA			
32 Service Installation Date	07-01-2015			
33 Actual Rural Rate per Month (Enclose Documentation)	2050.00			
34 If you are a consortium member OR have multiple carriers, please attach a Circuit Diagram to show how the sites interconnect and which carrier(s) provides each circuit segment. Circuit Diagram included: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
35 Are you a mobile rural health care provider? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, see instructions and attach a list of all sites to be served.				

IF YOU ARE REQUESTING SUPPORT FOR MILEAGE-BASED CHARGES, COMPLETE BLOCK 5 ONLY AND SKIP BLOCK 6. (PLEASE SEE INSTRUCTIONS). IF YOU ARE REQUESTING SUPPORT BASED ON URBAN/RURAL RATE COMPARISON, SKIP BLOCK 5 AND COMPLETE ONLY BLOCK 6. YOUR APPLICATION CANNOT BE PROCESSED IF BOTH BLOCKS ARE COMPLETED.

Block 5: Mileage-based Charge Discount Request

Complete this block if you are seeking support for mileage (distance-based) charges only. Do not enter any other charges in this block. You may need to ask your service provider representative to provide this information.

36 Billed Circuit Miles				
37 Monthly Mileage Charges (Exclude Channel Termination chgs, etc.)				
38 Cost per Mile per Month				

If Line 33 equals Line 37, please ensure that ONLY mileage-related charges are included in Line 37. (See instructions.)

Block 6: Comprehensive Rate Comparison Request

Complete Block 6 if you have not completed Block 5 and are requesting support for all elements of your telecommunications service necessary for the provision of health care. The information in this block will establish the difference between the urban and rural rates for your requested service. Please contact RHCD at (800) 453-1546 if you need assistance.

39 One-time Urban Rate Charge (in selected large city)				
40 One-time Rural Rate Charge (in city where HCP is located)				
41 Monthly Urban Rate (in selected large city). From RHCD website: <input type="checkbox"/> or Other rate documentation attached: <input checked="" type="checkbox"/>	648.44			

If your circuit includes charges for mileage over the Maximum Allowable Dist., (Line 19), please complete Lines 42 to 44. Otherwise, skip to Block 7.

42 Billed Circuit Miles				
43 Monthly Mileage Based Charges				
44 Cost per Mile per Month				

Block 7: Bid Documentation

45 Did you receive any bids in response to the Form 465 Request for Services posted on the RHCD website? ☐ Yes ☒ No
If you checked yes, copies of the bids MUST be submitted to RHCD.

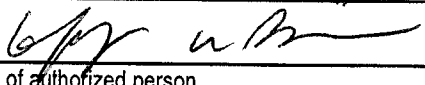
Block 8: Certification

46 ☒ I certify that the above named entity has considered all bids received and selected the most cost-effective method of providing the requested service or services. The "most cost-effective service" is defined in the Universal Service Order as the service available at the lowest cost after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems necessary for the service to adequately transmit the health care services required by the health care provider.

47 ☒ Pursuant to 47 C.F.R. Secs. 54.601 and 54.603, I certify that the HCP or consortium that I am representing satisfies all of the requirements herein and will abide by all of the relevant requirements, including all applicable FCC rules, with respect to universal service benefits provided under 47 U.S.C. Sec. 254. I understand that any letter from RHCD that erroneously states that funds will be made available for the benefit of the applicant may be subject to rescission.

48 ☒ I hereby certify that the billed entity will maintain complete billing records for the service for five years.

49 ☒ I certify that I am authorized to submit this request on behalf of the above-named Billed Entity and HCP, and that I have examined this form and attachments and that to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

50 Signature 	51 Date 07/28/2017
52 Printed name of authorized person Geoff W Boggs	53 Title or position of authorized person CEO
54 Employer of authorized person USF Healthcare Consulting Inc	55 Employer's FCC RN 0018694075

Please remember:

- ♦ You must submit one Form 466 for **each service** (i.e., circuit) for which you request reduced rates. For example:
 - If you are requesting reduced rates for **two** T1 lines, you must submit **two** Forms 466.
 - If you are requesting reduced rates for **two** ISDN lines & **one** Frame Relay line, you must submit **three** Forms 466.
- ♦ If the service described on this form is subject to the 28-day competitive bidding requirement, do not select a carrier or complete the Form 466 before or during the 28-day posting period.
- ♦ You must provide evidence of the urban rate if you have completed Block 6 and have not used the urban rates from the website.
- ♦ This form, attachments, and supporting documents should be combined in one envelope and sent to the RHCD.
- ♦ If the service described on this form changes (e.g., rate change) during the funding year, **you must notify RHCD immediately** and submit a revised Form 466.
- ♦ If you have any questions, contact RHCD at (800) 453-1546.

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The data reported will be used to ensure that health care providers have selected the most cost-effective method of providing the requested services as set forth in 47 C.F.R. Section 54.603(b)(4). The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

This form should be submitted online through the RHC Program online application system, My Portal.
<https://forms.universalservice.org/usaclogin/login.asp>

SSM Health St Mary Hospital – Lake Ozark
2265 Bagnell Dam Blvd
Lake Ozark, MO 65049

SA: 2265 Bagnell Dam Blvd. Lake Ozark MO 65049
End: Central Office Lake Ozark MO

HCP	48036
Charter	8750 27 026 0168780
Spin	143024207

100M Ethernet

Rural Rate

100M \$2050.00

Urban Rate

Mo \$648.44 (\$214.50+\$433.94)

. *still receiving 36 month contracted rates



December 26, 2016

Account: **8750 27 026 0168780**

Phone Number: (573) 681-3766

Security Code: **3918**

Service At: **2265 BAGNELL DAM BLVD**

STE 103

LAKE OZARK MO 65049

Contact Us

Questions about your bill or services?

Visit spectrumbusiness.net or call [866.603.3199](tel:866.603.3199)

Summary

Service from 01/06/17 through 02/05/17
details on following pages

Previous Balance	-4,447.94
Payments Received	0.00
Remaining Balance	-4,447.94
Spectrum Business™ Voice	2,050.00
Taxes, Fees and Charges	2.05
Current Charges	2,052.05
Credit Balance - Do Not Pay	-\$2,395.89

SPECTRUM BUSINESS NEWS

Go Green Sign up for Spectrum Business Auto Pay today and start taking the hassle out of billing. Go to my account at spectrumbusiness.net.



Thank you for choosing Spectrum Business.

We appreciate your prompt payment and value you as a customer.



8413 EXCELSIOR DR 120 MADISON WI 53717-1970
8634 0110 NO RP 26 12272016 NNNNNNNN 01 998641

ST MARY'S MEDICAL CLINIC - LAKE OZARK
ATTN ACCOUNTS PAYABLE
2505 MISSION DR
JEFFERSON CITY MO 65109-9508

December 26, 2016

St Mary's Medical Clinic - Lake Ozark

Account: 8750 27 026 0168780

Phone Number: (573) 681-3766

Service At: 2265 BAGNELL DAM BLVD

STE 103

LAKE OZARK MO 65049

Credit Balance - Do Not Pay	-\$2,395.89
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CHARTER COMMUNICATIONS
PO BOX 790086
SAINT LOUIS MO 63179-0086

875027026016878002395895

Account:
Security Code:

St Mary's Medical Clinic - Lake Ozark
8750 27 026 0168780
3918

**Contact Us****Questions about your bill or services?****Visit spectrumbusiness.net or call 866.603.3199**

8634 0110 NO RP 26 12272016 NNNNNNNN 01 998641

Charge Details

Previous Balance	-4,447.94
Remaining Balance	-\$4,447.94

Payments received after 12/26/16 will appear on your next bill.

Service from 01/06/17 through 02/05/17

Spectrum Business™ Voice

Ethernet Intrastate MBPS	2,050.00
	\$2,050.00

Fees & Charges	State Universal Service Fund	2.05
		\$2.05

For additional call details and terms of service,
please visit spectrum.net/calldetails.

Spectrum Business™ Voice Total	\$2,052.05
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Current Charges	\$2,052.05
Credit Balance - Do Not Pay	-\$2,395.89

Billing Information

Tax and Fees - This statement reflects the current taxes and fees for your area (including sales, excise, user taxes, etc.). These taxes and fees may change without notice. Visit spectrum.net/taxesandfees for more information.

Terms & Conditions - Charter's detailed standard terms and conditions for service are located at spectrum.net/termsandconditions.

Past Due Fee / Late Fee Reminder - A late fee will be assessed for past due charges for service.

Insufficient Funds Payment Policy - Charter may charge an insufficient funds processing fee for all returned checks and bankcard charge-backs. If your check, bankcard (debit or credit) charge, or other instrument or electronic transfer transaction used to pay us is dishonored, refused or returned for any reason, we may electronically debit your account for the payment, plus an insufficient funds processing fee as set forth in your terms of service or on your Video Services rate card (up to the amount allowable by law and any applicable sales tax). Your bank account may be debited as early as the same day payment is dishonored, refused or returned. If your bank account is not debited, the returned check amount (plus fee) must be replaced by cash, cashier's check or money order.

Spectrum Business Voice Provider - Charter Advanced Services (MO), LLC

Voice Fees and Charges - These include charges, to recover or defray government fees imposed on Charter, and certain other costs related to Charter's Voice service, including a Federal Universal Service Charge and, if applicable, a State Universal Service Charge to recover amounts Charter must pay to support affordable telephone service, and may include a state Telecommunications Relay Service Fee to support relay services for hearing and speech impaired customers. Please note that these charges are not taxes and are subject to change. For more information, visit spectrum.net/taxesandfees.

Timely Payment - If your payment is not received by the next billing statement, your account is subject to interruption of service. Charter equipment may be rendered non-functional prior to termination. You may be subject to a change of service charge to reinstate your digital channels and Internet service when function is restored.

Statements with Zero or Credit Balances - Customers with a zero or credit balance on their bill will not receive a paper statement.

Complaint Procedures - If you disagree with your charges, you have 30 days from the billing date to register a complaint. During the dispute period, we will not terminate service provided you pay the undisputed portion of your bill.

Local Charter Store: 5151 Osage Beach Pkwy, Ste B, Osage Beach MO Store Hours: Mon thru Fri - 9:00am to 6:00pm; Sat - 9:00am to 1:00pm

Simplify your life with Auto Pay!

Spend less time paying your bill
and more time doing what you love.

It's Easy - No more checks, stamps or trips to the post office
It's Secure - Powerful technology keeps your information safe
It's Flexible - Use your checking, savings, debit or credit card
It's **FREE** - And helps save time, postage and the environment

Set up easy, automatic bill payments with **Auto Pay!**
Visit: spectrumbusiness.net
(My Account login required)

**Payment Options**

Pay Online - Create or Login to MyAccount to pay or view your bill online at spectrumbusiness.net.

Pay by Mail - Detach payment coupon and enclose with your check made payable to Charter. Please do not include correspondences of any type with payments.

For questions or concerns,
please call 1.866.603.3199.



SA Proof

Elizabeth Goodknight

From: Jecha, Bill T
Sent: Thursday, June 09, 2016 4:50 PM
To: Elizabeth Goodknight
Subject: RE: SSM Health

100Mb is the agreement

MONTHLY SERVICE FEES:

Data Services:

<i>Charter Business Bundle: No Bundle *</i>

<u>Base Service</u>

MEF Service Types (if applicable):

Speed:	100 Mbps (Down/Up)
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CPE:

** If Customer has selected the Charter Business Special Offers, the Section 2(k) of the Standard T*



Bill Jecha, Major Accounts Executive, Optical Fiber Services

Work 314-858-3575

Work Cell 314-706-7583

Personal Cell 636-262-9069

13545 Barrett Parkway, Ste. 200 St Louis, MO 63021

For Technical assistance, please contact 866-603-3199.

From: Elizabeth Goodknight [mailto:egoodknight@uasave.com]
Sent: Thursday, June 09, 2016 2:03 PM
To: Jecha, Bill T
Subject: RE: SSM Health

Bill

I think I found what Geoff needed in regards to SSM Lake Ozark.

The 10M on #8750 27 026 0168780 does not have the speed or type of service on the invoice and USAC requests this information when we submit the applications for funding.

Can you please send the agreement that goes with this service or confirm that this service is a 10M Ethernet circuit located at 2265 Bagnell Dam Blvd in Lake Ozark MO please?

Thank you for your time and assistance with this.

Elizabeth Boggs – Goodknight
USF Healthcare Consulting, Inc.
502-228-1907
877-223-5818 Toll Free
888-875-8810 E-Fax
egoodknight@uasave.com

From: Jecha, Bill T [mailto:Bill.Jecha@charter.com]
Sent: Thursday, June 09, 2016 2:44 PM
To: Elizabeth Goodknight <egoodknight@uasave.com>
Subject: SSM Health



Bill Jecha | Major Account Executive |
Work: 314-858-3575
Cell: 636-262-9069
13545 Barrett Parkway, Suite 200 | Ballwin, MO 63021
For Technical assistance, please contact 866-603-3199
enterprise.spectrum.com

